

STANDARD CERTIFICATE OF DEATH

25750

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Oregon  
(b) City or town Myrtle  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community 40 years  
years, months or days)

3. (a) PRINT  
FULL NAME

Sarah Marie Fortune

3. (b) If veteran,  
name war. --

3. (c) Social Security  
No. --

4. Sex Female / race White

5. Color or  
6. (a) Single, widowed, married,  
2 divorced Widowed

6. (b) Name of husband or wife  
William Fortune

6. (c) Age of husband or wife if  
alive years  
14 1859

7. Birth date of deceased Feb. 14 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 2 18 hr. min.

9. Birthplace Vernon Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

12. Name Thomas C. Maxwell

13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Jane Caudle

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Wim Fortune

(b) Address Myrtle, Mo.

17. (a) Burial (b) Date thereof May 4-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myrtle, Mo.

18. (a) Signature of funeral director W. J. Hays

(b) Address 218 N. Main St.

19. (a) 6-28-41 (b) W. J. Hays  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
(c) City or town Myrtle  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2  
year 1941 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from April  
10 to May 4, 1941  
that I last saw him alive on May 4  
and that death occurred on the date and hour stated above

Immediate cause of death  
General arteriosclerosis  
hypertensive heart disease  
Due to Senility  
Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place)  
(e) Means of injury  
23. Signature W. J. Hays M.D. (M. D. or other)  
Address Myrtle, Mo. Date signed May 4, 1941

RECEIVED

District Health Officer No. 5

District File Number

Date Filed

7411762

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.